



# STATE EMPLOYEE HEALTH PLAN RATES



*Indicates a GIC Limited Network Plan – compare the rates of these plans with the other options to see how much you will save every month!*

## MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2016

		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
		Employee Pays Monthly		Employee Pays Monthly	
<b>BASIC LIFE INSURANCE ONLY</b> – \$5,000 Coverage		\$1.30		\$1.63	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	\$104.89	\$249.91	\$131.11	\$312.39
Fallon Health Select Care	HMO	138.95	331.65	173.69	414.57
Harvard Pilgrim Independence Plan <b>CLOSED TO NEW MEMBERS</b>	POS	164.02	398.32	205.03	497.91
Harvard Pilgrim Primary Choice Plan	HMO	122.95	298.14	153.70	372.68
Health New England	HMO	107.90	265.58	134.88	331.99
NHP Prime (Neighborhood Health Plan)	HMO	103.38	271.82	129.24	339.78
Tufts Health Plan Navigator	POS	138.09	335.07	172.62	418.84
Tufts Health Plan Spirit	EPO (HMO-Type)	104.00	248.54	130.01	310.68
UniCare State Indemnity Plan/Basic <i>with CIC*</i> (Comprehensive)	Indemnity	235.62	549.06	283.74	661.29
UniCare State Indemnity Plan/Basic <i>without CIC</i> (Non-Comprehensive)	Indemnity	192.45	448.93	240.57	561.16
UniCare State Indemnity Plan/ Community Choice	PPO-Type	98.49	234.55	123.11	293.20
UniCare State Indemnity Plan/PLUS	PPO-Type	131.91	313.43	164.89	391.80

\* CIC is an enrollee-pay-all benefit.



The House 1 budget proposes changing all employee contributions to 25% regardless of date of hire. However, whether or not this takes place will not be known until the Commonwealth's FY17 budget is enacted. Please keep this in mind as you are weighing your health plan options.

*For other things to consider, see your GIC Benefit Decision Guide.*

**For municipal rates, see separate rate sheets.**



## OPTIONAL LIFE INSURANCE

*Including Accidental Death & Dismemberment*

### MONTHLY GIC Plan Rates Effective July 1, 2016

ACTIVE EMPLOYEE AGE	EMPLOYEE SMOKER PAYS <i>Per \$1,000 of Coverage</i>	EMPLOYEE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i>
Under Age 35	\$0.10	\$0.04
35 – 44	0.12	0.05
45 – 49	0.20	0.07
50 – 54	0.33	0.14
55 – 59	0.53	0.21
60 – 64	0.79	0.31
65 – 69	1.45	0.70
70 and over	2.57	1.16

## LONG TERM DISABILITY

### MONTHLY GIC Plan Rates Effective July 1, 2016

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE PAYS <i>Per \$100 of MONTHLY Earnings</i>
Under Age 24	\$0.09
25 – 29	0.11
30 – 34	0.15
35 – 39	0.19
40 – 44	0.39
45 – 49	0.52
50 – 54	0.63
55 – 59	0.77
60 – 64	0.74
65 – 69	0.42
70 and over	0.24

## GIC DENTAL/VISION PLAN

*For Managers, Legislators, Legislative Staff  
and Certain Executive Office Staff*

PLAN	EMPLOYEE PAYS	EMPLOYEE PAYS
	<i>Individual Coverage</i>	<i>Family Coverage</i>
<b>PPO (Value) Plan</b>	\$4.73	\$14.69
<b>Indemnity (Classic) Plan</b>	6.34	19.67

Only available to active state employees who meet certain criteria as outlined in the *GIC Benefit Decision Guide*.



**Commonwealth of Massachusetts  
Group Insurance Commission**

*Your  
Benefits  
Connection*



**See Over for State RETIREE/SURVIVOR Rates**



# STATE MEDICARE RETIREE AND SURVIVOR RATES

## MEDICARE PLANS

## MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2016

		MEDICARE RETIREES Retired <i>on or before</i> July 1, 1994 and SURVIVORS <sup>1,2</sup>	MEDICARE RETIREES Retired <i>after July 1,</i> 1994 and who filed for retirement <i>on or</i> <i>before October 1, 2009</i>	MEDICARE RETIREES <i>who filed for</i> <i>retirement after</i> <i>October 1, 2009</i>
		10%	15%	20%
		<i>Retiree/Survivor Pays Monthly</i>	<i>Retiree Pays Monthly</i>	<i>Retiree Pays Monthly</i>
<b>BASIC LIFE INSURANCE ONLY</b> – \$5,000 Coverage		\$0.65	\$0.98	\$1.30
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Per Person	Per Person	Per Person
Fallon Senior Plan <sup>3</sup>	HMO	\$31.70	\$47.55	\$63.39
Harvard Pilgrim Medicare Enhance	Indemnity	44.41	66.63	88.83
Health New England MedPlus	HMO	41.60	62.41	83.21
Tufts Health Plan Medicare Complement	HMO	40.35	60.53	80.70
Tufts Health Plan Medicare Preferred <sup>3</sup>	HMO	28.20	42.31	56.40
UniCare State Indemnity Plan/ Medicare Extension (OME) <i>with CIC</i> <sup>4</sup> (Comprehensive)	Indemnity	47.57	66.03	84.48
UniCare State Indemnity Plan/ Medicare Extension (OME) <i>without CIC</i> (Non-Comprehensive)	Indemnity	36.92	55.38	73.83

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from the “Retiree/Survivor Pays Monthly” premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

<sup>3</sup> Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017.

<sup>4</sup> CIC is an enrollee-pay-all benefit.

## OTHER STATE RETIREE BENEFITS – MEDICARE & NON-MEDICARE

### RETIREE OPTIONAL LIFE INSURANCE RATES

*Including Accidental Death and Dismemberment*

RETIRED EMPLOYEE AGE	RETIREE SMOKER PAYS <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i>
Under Age 70	\$1.64	\$1.29
70-74	2.87	2.24
75-79	7.82	5.97
80-84	14.82	11.30
85-89	23.46	17.91
90-94	33.64	27.23
95-99	73.49	59.46
Ages 100 and over	140.90	114.02

### GIC RETIREE DENTAL PLAN

*\$1,250 Maximum Annual Benefit per Member*

COVERAGE TYPE	RETIREE PAYS MONTHLY
SINGLE	\$29.37
FAMILY	70.75

**For municipal and GIC Retired  
Municipal Teacher (RMT) rates,  
see separate rate sheets.**

# STATE NON-MEDICARE RETIREE AND SURVIVOR RATES



## NON-MEDICARE PLANS



*Compare the rates of these plans with other options and see how much you will save each month.*

## MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2016

NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS <sup>1, 2</sup>	NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	NON-MEDICARE RETIREES who filed for retirement after October 1, 2009
10%	15%	20%
Retiree/Survivor Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly

<b>BASIC LIFE INSURANCE ONLY – \$5,000 Coverage</b>		\$0.65		\$0.98		\$1.30	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	\$52.44	\$124.96	\$78.67	\$187.44	\$104.89	\$249.91
Fallon Health Select Care	HMO	69.48	165.83	104.22	248.74	138.95	331.65
Harvard Pilgrim Independence Plan <b>CLOSED TO NEW MEMBERS</b>	POS	82.01	199.16	123.02	298.75	164.02	398.32
Harvard Pilgrim Primary Choice	HMO	61.48	149.07	92.22	223.61	122.95	298.14
Health New England	HMO	53.95	132.79	80.93	199.19	107.90	265.58
NHP Prime (Neighborhood Health Plan)	HMO	51.69	135.91	77.54	203.87	103.38	271.82
Tufts Health Plan Navigator	POS	69.05	167.53	103.57	251.31	138.09	335.07
Tufts Health Plan Spirit	EPO (HMO-Type)	52.00	124.27	78.01	186.41	104.00	248.54
UniCare State Indemnity Plan/Basic with CIC <sup>3</sup> (Comprehensive)	Indemnity	139.39	324.59	187.51	436.83	235.62	549.06
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	96.22	224.46	144.34	336.70	192.45	448.93
UniCare State Indemnity Plan/ Community Choice	PPO-Type	49.24	117.28	73.87	175.92	98.49	234.55
UniCare State Indemnity Plan/PLUS	PPO-Type	65.95	156.72	98.93	235.08	131.91	313.43

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from the “Retiree/Survivor Pays Monthly” premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

<sup>3</sup> CIC is an enrollee-pay-all benefit.



**Contribution percentages may change after the Commonwealth’s FY17 budget is enacted.**

*For other things to consider, see the GIC Benefit Decision Guide.*

**See Over for ACTIVE  
STATE EMPLOYEE Rates**